

City of Grapevine REQUEST FOR INFORMATION

I hereby request the following information from the City of Grapevine, Texas. I understand that the information will be provided under the Texas Public Information Act, and that a fee may be charged for the information.

Request Made By: (Please P	Print)	 Date of Request
Adda		
		Telephone Number
INFORMATION REQUESTED:		
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	Oissa share	of Applicant
Please return this completed forn	_	of Applicant O South Main Street, First Floor, or P. O. Box
95104, Grapevine, Texas 76099-9704 or fax 817/410-3004, for processing of your request.		
	CITY USE ONLY	
Linda Huff, City Secretary		Fee Collected
Date Completed		Receipt Number